Facilities Development Division - *www.oshpd.ca.gov/fdd*
400 "R" Street, Suite 200 ~ Sacramento, California 95811 Phone (916) 440-8300 FAX (916) 324-9188
700 N. Alameda Street, Suite 2-500, Los Angeles, California 90013 Phone (213) 897-0166 FAX (213) 897-0168

Application for SB 224 Project Building Permit

A

Name of Facility:		Phone:	OSHPD #
Address:		Fax:	Sub #
City:	County:	Zip:	Facility ID #
Name of Legal Owner:	E-mail:		Type of Project: ☐ Annual Permit ("G" Project) (Submit Annual Permit Application) ☐ "S" Project (Stand-alone)
Address:	Phone:	Fax:	
City:	State:	Zip:	Type of Facility: **NOTE**: MUST BE A MULTI-STORY BUILDING ☐ General Acute Care (GAC) ☐ Acute Psychiatric Hospital (APH) ☐ Skilled Nursing Facility (SNF) or Intermediate Care Facility (ICF)
Name of Facility Representative:	E-mail:		
Address:	Phone:	Fax:	
City:	State:	Zip:	
Scope Of Project (45 characters max):		Applicant Job #:	

B

Description of Project: Describe the work, and how the project complies with the criteria set forth in H&S 129875.2 (Section K, items 1 through 5). Plans ☐are attached ☐are not attached (check one)

C

ESTIMATED CONSTRUCTION COST OR CONTRACT AMOUNT:

Construction cost (estimated or contract amount) of project (Including Fixed Equipment, **excluding**, Design Fees and Inspection Fees) $ _____

FEES WILL BE BASED UPON: A Skilled Nursing Facilities (SNF) and Intermediate Care Facilities (ICF) – Fees are 1.5% (.015) of construction cost.
Acute Care Hospitals (GAC) and Acute Psychiatric Hospitals (APH) – Fees are 1.64% (.0164) of construction cost.

ANNUAL PERMIT PROJECT FEES: SNF and ICF – Submit application with $250 fee for projects totaling no more than $25,000 in one fiscal year.
GAC and APH – Submit application with $500 fee for projects totaling no more than $50,000 in one fiscal year.

D

Construction performed by: ☐ Owner ☐ Contractor			Plans and specifications prepared by: ☐ Owner ☐ Designer ☐ Contractor		
Name:			Name:		
Firm:			Firm:		
Address:			Address:		
City:	State:	Zip:	City:	State:	Zip:
Phone:	Fax:		Phone:	Fax:	
E-mail:			E-mail:		

E

Special Conditions:	OSHPD Receipt Stamp:

F

Name of Facility (from page 1): | OSHPD #:

G

LICENSED CONTRACTOR DECLARATION: I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code, and my license is in full force and effect.

Contractor's Name:_____ License No. _____

Signature: _____ License Class: _____

H

WORKERS COMPENSATION DECLARATION (Section 3800, Labor Code) I hereby affirm under penalty of perjury one of the following declarations:

☐ I have and will maintain a certificate to self-insure for worker's compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work which this permit is issued.

☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance carrier and policy number are:

Policy #:_____ ☐ Copy attached. Date of expiration: _____

Company: _____ ☐ Electronically verified. Date of expiration: _____

☐ I certify that, in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California, and agree that, if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

Applicant: _____ Date: _____

WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS ($100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST AND ATTORNEY'S FEES.

I

OWNER-BUILDER DECLARATION: I hereby affirm under penalty of perjury that I am exempt from the Contractor's License Law for the following reason (Section 7031.5 Business and Professions Code: Any city or county that requires a permit to construct, alter, improve, demolish or repair any structure, prior to its issuance, also requires the applicant for the permit to file a signed statement that he/she is licensed pursuant to the provisions of the Contractor's State License Law Chapter 9 (Commencing with Section 7000) of Division 3 of the Business and Professions Code or the he/she is exempt there from and the basis for the alleged exemption. Any violation of Section 7031.5 by any applicant for a permit subjects the applicant to a civil penalty of not more than five hundred dollars ($500).

☐ I, as owner of the property, or my employees with wages as their sole compensation, will do the work, and the structure is not intended or offered for sale. (Section 7044, Business and Professions Code: The Contractor's State License Law does not apply to an owner of property who builds or improved thereon, and who does the work himself or through his own employees, provided that the improvements are not intended or offered for sale. If, however, the building or improvement is sold within one year of completion, the owner-builder will have the burden of proving that he did not build or improve for the purpose of sale.)

☐ I, as the owner of the property, am exclusively contracting with licensed contractors to construct the project. (Section 7044, Business and Professions Code: The Contractor's State Licensing Law does not apply to an owner of property who builds or improves thereon, and who contracts for the projects with a contractor(s) licensed pursuant to the Contractor's State License Law.)

☐ I am exempt under Section _____ , Business and Professions Code for this reason: _____

_____

Signature: _____ Title: _____ Date: _____

J

CONSTRUCTION LENDING AGENCY:

☐ I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Section 3097 of the Civil Code).

Lender's Name: _____

Lender's Address: _____ City: _____ State: _____ Zip: _____

K

PERMIT EXPIRES IF AUTHORIZED WORK IS NOT COMMENCED WITHIN A ONE YEAR PERIOD, OR IS SUSPENDED FOR ONE YEAR.

Application submitted by	Title:	☐ Legal Owner/Administrator
Name:		☐ Agent for Legal Owner (Authorization must be attached)
Firm:	Phone:	
Address	Fax:	
City:	State:	Zip:

I certify that the project, as described in section B above, complies with the requirements of Health and Safety Code Section 129875.2, as follows:

1. The construction or alteration is for a multi-story hospital building.
2. The construction or alteration is undertaken to repair existing systems or to keep up the course of normal or routine maintenance.
3. The construction or alteration either restores the facility to the same operational status, or improved operational status from its operating condition immediately prior to the event, occurrence, or condition that necessitated the alteration.
4. The scope of the construction or alteration is not ordinarily within the standard of practice of a licensed architect or registered engineer.
5. The construction or alteration does not degrade the status of condition of the fire and life safety system from the status of the system immediately prior to the event, occurrence, or condition that necessitated the alteration.

I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of the county to enter upon the above-mentioned property for inspection purposes.

Signature: _____ Date: _____

OFFICE USE ONLY

☐ Annual Permit Issued

☐ "S" Project Permit

Permit issued this _____

day of _____

By: _____

Regional Compliance Officer,
Office of Statewide Health
Planning and Development

INSTRUCTIONS FOR APPLICATION FOR SB 224 PROJECT BUILDING PERMIT (OSH-FD-706)

Do not write in areas designated "OFFICE USE ONLY."

Note: If licensure by the Department of Health Services is not required for your facility, review and building permit by OSHPD are not required. Your application and plans should be submitted to the appropriate local jurisdiction.

A Enter facility name as it appears on the facility license. Enter street address, city, county, zip code, phone number and fax number.

Enter the name of the legal owner, email address, phone number, fax number, city, state and zip code.

Enter the name of the facility representative, email address, phone number, fax number, city, state and zip code. Copies of all correspondence will be sent to the facility representative. If no facility representative address is entered, copies of all correspondence will be sent to the facility address as indicated on the license to the attention of facility administrator.

Scope of Project – Enter a brief (45 characters max) description statement of the work to be performed.

Applicant Job Number – If the owner, designer or builder has a numbering system for projects, enter that number.

OSHPD # – If an application for annual permit has been submitted previously, enter the OSHPD "G" project number. Otherwise leave blank.

Sub # - For Office use. Leave blank.

Facility ID # – Provide facility ID number, if known.

Type of Project – Check which box applies. If this project is intended to be a sub project of an existing annual permit, check "Annual Permit." Otherwise, check "S Project."

Type of Facility – Indicate the type of facility as licensed.

B Description of Project – Describe the work to be performed. Where appropriate, include square footage and quantities. Describe how the project complies with the requirements of Health and Safety Code Section 129875.2 (listed in Section K of the application). Additional pages may be attached, if needed. Indicate if plans describing the work are attached.

C Estimated Construction Cost/Contract Amount – Enter the estimated construction cost, or, if known, the contract amount for the work.

D Enter the name of the individual responsible for the construction work, email address, phone number, fax number, city, state and zip code. Check the appropriate box to identify this individual as the owner or contractor.

If plans are included, enter the name of the individual responsible for preparing the drawings, email address, phone number, fax number, city, state and zip code. Check the appropriate box to identify this individual as the owner, designer or contractor.

E Special Conditions – This section will be filled out by the OSHPD Regional Compliance Officer, as needed.

F Enter Facility Name and OSHPD number as it appears on page one of the application.

G Licensed Contractor Declaration – Provide license class, license number, printed name, signature and date as an affirmation that you are a licensed contractor and that your license is in full force and effect.

H Workers Compensation Declaration – If you have workers compensation insurance, provide policy number, date of expiration and company in the spaces provided. You may either attach an original copy of your certificate of workers compensation insurance or the Office may verify by electronic means. A certificate of insurance is required for each building permit application. If you have a certificate of consent to self-insure, you must attach a copy.

I Owner-Builder Declaration – Section I applies only to owner/builder projects. If the owner of the facility or the employees are to perform the work, check the appropriate box in Section H and sign and date this section.

J Construction Lending Agency – Section J is to be completed when there is a construction-lending agency for the performance of the work. Provide the lender's name and complete address.

K Enter the name of the individual submitting the application, email address, phone number, fax number, city, state and zip code. Check the correct box to indicate whether this person is the Legal Owner or Agent for Owner. Legal owner or agent must sign and date the form, certifying compliance with the listed criteria.

NOTE: This permit expires if the work authorized is not commenced within one year after the date on this permit, or if work is suspended for one year after construction has begun.